



MEMBER ASSOCIATION OF



NEWSLETTER

MARCH

- 1 -

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PRESIDENT'S MESSASGE

In a previous President's message titled "Let's stop the rot", I described the development of a jointly produced video by the Educational Resource Centre and the Dental Department of the Adelaide Childrens Hospital.

The video was conceived with the aim of educating parents about the prevention of the syndrome we all know as "Bottle Caries". Since it's release in 1986 the video has enjoyed very wide usage. The potential for educating large numbers of people using audio-visual programmes, especially video, has been identified by previous authors. However, to date there have been no studies reported in the literature on the effects of a "bottle caries" ante-natal education programme using video.

Funded by a private donation, a research study was commissioned. The study had two parts:

the aim of part 1 was to assess the influence of the video on parent beliefs, knowledge, attitudes and behavioural intentions;

the aim of part 2 was to assess the behavioural effects of the video on parents and their children.

The results of the first part of the study have been released in an unpublished report and I am pleased, to have permission from the researchers to give a preview of the findings.

The study demonstrated that the video on the prevention of "bottle caries" was highly effective in conveying information,

changing attitudes and producing positive intentions concerning avoidance of the use of the feeding bottle as a child pacifier. This is the first time that such factors have been studied in a controlled scientific manner but the methodology will not be detailed in this message.

In summary, three further points were made:-

1. There were significant or sizeable differences between socio-economic and demographic groups in knowledge, attitudes and intentions. These results are at variance with the literature concerning the differential incidence of bottle caries between such groups. This result requires further assessment in part 2 of the research programme.
2. In consideration of the literature suggesting that changes in knowledge, attitudes and intentions may be short term (i.e. often less than 3 months) it is recommended that prior to assessing the behavioural effects of the video, all people participating in the study be re-tested within 3 months from their first test.
3. The behavioural effects of the video are likely to be strongly positive and these effects, including any differences between socio-economic and demographic groups should be studied. No such study has been reported in the literature to date and therefore it is of the highest practical and scientific value. These issues are the focus of Part 2 of the Research Programme and will be completed within 1 year.

In conclusion I would like to refer to the wide distribution and usage of this video made possible by Fluffies Babywear Company. Every maternity hospital, large and small, metropolitan or country, Australia-wide, has copies of the video. All C.A.F.H.S. centres and ante-natal classes have been supplied with copies. Texas U.S.A. and Brunei are using the video with appropriate language changes also. Very exciting indeed! Personally I can hardly wait for the research in part 2 of the programme, allowing the behavioural differences between socio-economic and demographic groups to be examined for the first time!

B.A. Tidwell

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EDITORIAL

"ARE THERE ANY ISSUES LEFT??"

Over the recent decades Dental Science has undergone major transformation in all its divergent facets. The plethora of materials, changing social acceptance, improved preventive regimes have all had their effect upon the disease profile and treatment prospective.

The art of childrens dentistry has not been isolated from these changes and with reduced decay rates, fluoridation and School Dental Service, many would ask - "Are there any issues left in Childrens Dentistry?"

The Society members have the opportunity at the Extraordinary Meeting in Sydney to influence the direction that childrens dentistry will take in Australia and its geographic region.

The proposal to merge with the New Zealand Society must not be considered as something nice to do at the time but to what benefit such a decision will have on the Society, its members and most importantly, the children we treat.

The changes to the Constitution that follow are presented as a Notice of Motion. If approved then it will give the Society a broader basis and pool of expertise to continually develop and expand the horizons of childrens dentistry.

J.O. Lucas

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SECRETARY'S REPORT

NOTICE OF MOTION

In compliance with Article VIII of our Constitution as amended 1977, notice is hereby given of a Council approved motion, proposed by B. Tidswell, seconded by J. Keys, that is designed to allow amalgamation of our Society with the New Zealand Society of Dentistry for Children. This motion will be presented to the General meeting scheduled to take place in Sydney on Friday the 20th May, 1988 at 12.30 p.m. at the end of our final session of the Bicentennial Conference.

The proposed changes are as follows:-

ARTICLE	I	NAME	Change "Australian" to "Australasian" and "Dentistry for Children" to "Paediatric Dentistry".
	II		Change "Dentistry for Children" to "Paediatric Dentistry".
	III	As is	
	IV	As is	
	V	As is	
	VI	As is	
	VII	As is	
	VIII	As is	

BY-LAWS

CHAPTER I MEMBERSHIP:

SECTION I TYPES OF MEMBERSHIP:

- (i) Full membership. Add "or New Zealand" after the first "Australia". Add "or New Zealand Dental Association" after "Australian Dental Association" at the end of the section.
- (ii) As is.

SECTION II

- (i) (a) Delete "State" from 1st line. Change "Australian Society of Dentistry for Children" to "Australasian Society of Paediatric Dentistry" in line 2. Substitute "Local" for "State" in line 6 (two places).
- (b) As is.
- (ii) As is.

CHAPTER 1 SECTION III

Add (c) ceases to be a member of his/her national dental association.

CHAPTER II ADMINISTRATION:

SECTION I

1. Substitute "Provincial" for "State" in line 2.
2. Add "with the exception of the secretary/treasurer who need not necessarily be an elected provincial councillor". If the secretary/treasurer is not a provincial councillor, he/she will be ineligible to vote at council meetings.
3. As is
4. (i) Insert "immediate" before "re-election".
(ii) Delete after re-election.
(iii) As is.
5. Substitute "Provincial" for "State" in line 1.
6. If a councillor is unable to attend a council meeting he/she may vote by proxy.

SECTION II Substitute "Provincial" for "State" in line 2.

SECTION III Substitute "Provincial" for "State" in line 4.

SECTION IV As is.

SECTION V As is.

All members are urged to attend the meeting to put forward their views and to vote on the proposed changes.

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THE RELEVANCE OF POLICY

The American Academy of Paediatric Dentistry has produced a number of oral health policies. Here are a few examples:-

Nursing Bottle Caries

Prolonged bottle feeding of infants more than 12 months of age can lead to "nursing bottle caries", a severe form of dental decay. For this reason, it is wise to teach infants to drink from a cup as they approach their first birthday. It is particularly important that if they are given juice it be offered from a cup. The natural sweetness of juice makes it a favourite beverage.

The marketing of juices in ready-to-use nursing bottles may tend to prolong bottle feeding and to encourage the use of the bottles as a pacifier ... both of which promote dental caries. The use of juices from a bottle should be discouraged; infants should be offered juice from a cup as soon as possible. Nursing bottle caries can be avoided if milk bottle feeding is discontinued soon after the first birthday and if juice always is offered from a cup.

Approved Definition of "Dental Neglect"

This definition of dental neglect has been approved by A.A.P.D. lawyers.

"Dental Neglect is defined as the failure by a parent or guardian to seek and obtain appropriate and available treatment for caries, oral infections, or any other condition of the teeth and supporting structures that:

1. Makes routine eating difficult or impossible;
2. Causes chronic pain;
3. Delays or retards a child's growth or development; or
4. Makes it difficult or impossible for a child to perform daily activities such as playing, working, or going to school."

The Dentally Handicapped

A child or young adult can be classified as dentally handicapped if one of the following criteria is met:

The condition of the teeth and supporting structures are such that:

1. Routine eating is restricted or impossible;
2. Chronic pain is present;
3. The child's growth and development is delayed or retarded;
4. The child is hampered in performing daily activities such as playing, working or going to school.

Among other protocol are:-

Fluoride Therapy

Guidelines for Dental Health of the Adolescent.

Other protocol will be printed in future issues.

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DENTISTRY IN HONG KONG

M.V. Morgan

(Lecturer, Department of Community & Preventive Dentistry, Faculty of Dental Science, University of Melbourne)

The population of Hong Kong stands at around 6 million, 98% of whom are Chinese. The population density in the urban areas is about 29,000/sq. km. and the most dense in Hong Kong is approximately 165,000/sq. km. making Hong Kong one of the most densely populated areas on earth.

History of Dentistry in Hong Kong:

Organised dentistry in Hong Kong has had a very recent history. Prior to the War, China supplied most of Hong Kong's dentists. Dentists direct from China were recognised by the Hong Kong Government up until about the mid 1950's. Just after the War, of the 300 or so registered dentists, only 17 were graduates from dental schools. By the mid 1950's the number of graduates was still less than 60. The level of disease was high and it was obvious that the dental services were inadequate to cope with the situation. Water fluoridation was introduced in 1961.

Originally, the level of fluoride in the water was 0.9 ppm. in the Winter months and 0.7 ppm. during Summer. Then in 1967, the level was increased to 1.0 ppm. all year. Dental fluorosis was noted and in 1978 the level was reduced back to 0.7 ppm. all year. At the moment 99% of all people receive fluoridated water.

Dental Services Available in Hong Kong:

Government Services:

The Government operates a full and free dental service to its employees through the Medical and Health Department. Those entitled to the service are all civil servants plus dependents - which comes to a total of around 170,000. Also included are Government pensioners and inmates of penal institutions. Emergency care is also offered to the public on a sporadic basis. About 150 dentists are employed to supply these services.

The Government also operates a School Dental Service which began in 1980. Dental therapists are responsible for delivering the services which include dental examination, radiographs, simple fillings, extractions, health education, scaling and prevention.

There are about 1,000 registered dentists in Hong Kong and around 80% work in private practice on a fee for service basis. There is no third party insurance schemes. Demand for dental services is low and now due to water fluoridation, the need is low.

Many people head up across the border to China to have dental work. Since 1985, there have been 250 local graduates produced and the Dental School graduates around 55 a year.

Illegal dentists in Hong Kong are estimated to number anywhere from 1,000 to 2,000. An illegal dentist is one that is not registered with the Dental Council of Hong Kong with a recognised dental education. These unregistered dentists have different backgrounds - dental graduates from other countries such as China and the Philippines who have failed to pass the Statutory Board examinations, they may have had a limited training under another illegal dentist or perhaps none at all. Some of them are also dental technicians.

Public Health Teaching in the Faculty of Dentistry:

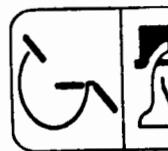
Central to public health teaching is the Community Health projects under Professor O.P. Lind. The projects begin in the last year of the course and involve the practical application of knowledge that the students obtain in the previous years. In other words they are aimed at learning by experience. Each student group is involved in gathering epidemiological data, planning and implementing a community project, and then assessing its effectiveness.

So far 44 projects have been carried out. About 15,000 people have been examined. Among the projects, 500 future teachers have been instructed on how to be health educators, 2 projects have involved television channels screening health education messages for a number of weeks, and dental services have been provided to elderly residents in a remote village on one of Hong Kong's islands. Three projects have also ventured into China to examine methods of dental training in the universities and also to gather epidemiological data concerning both adults and children.

**The 9th CONGRESS
of the
INTERNATIONAL ASSOCIATION OF DENTISTRY
FOR THE HANDICAPPED**

In Conjunction With
AMERICAN ACADEMY OF DENTISTRY FOR THE HANDICAPPED
AMERICAN ASSOCIATION OF HOSPITAL DENTISTS
AMERICAN SOCIETY FOR GERIATRIC DENTISTRY

AT THE
HERSHEY HOTEL
(Congress Headquarters)
August 7-11, 1988



SCIENTIFIC PROGRAM

- Guest Lectures
- Free Papers
- Poster Sessions
- Table Clinics
- Video & Films
- Themes
 - Dental Needs of the Elderly
 - Genetics and the Handicapped
 - Periodontal Disease in the Handicapped
 - Systemic Diseases and Treatment

SOCIAL PROGRAM

- Reception
- Presidential Banquet
- Tours of City

***ACCOMPANYING PERSONS**

*A program is being arranged that may include such highlights as a Historical Tour of Philadelphia, Longwood Gardens.

SIMULTANEOUS TRANSLATION
In English, French, Japanese & Spanish
(If Numbers Warrant)

Dr Sheldon M. Bernick
Delaware County Medical Center, Suite
Lawrence Park Shopping Ctr., Bala Cynwyd, PA

THE 25TH AUSTRALIAN DENTAL CONGRESS

TOPICS AND TIMES RELATED TO PAEDIATRIC DENTISTRY

TUESDAY 17TH MAY: Table Clinics - Dr. K. Allen
Dr. J. Brownbill

Hall 5: 2 - 4.30 p.m.

WEDNESDAY 18TH MAY: Dr. K. Seow - Paediatric Dentistry

Hall 5: Room B Lecture 2 - 3 p.m.

THURSDAY 19TH MAY: Dr. G. Craig

Hall 5: Room B 9.45 (approx.) - 10.45 a.m.

FRIDAY 20TH MAY: Seminar - Faces - How to describe them.

Hall 5: Room B 11.30 a.m. - 12.30 p.m.

FOLLOWING - EXTRAORDINARY GENERAL MEETING

**** 19TH MAY:

The A.S.D.C. is pleased to announce that members who are attending the Congress are invited to an "at-home" at the residence of Dr. Allan Middleton. This will take the form of a dinner 7 for 7.30 p.m.

If you are going to attend please forward the following acceptance to Dr. A. Middleton, 122B Sutherland Road, Beecroft, N.S.W. 2119

The cost is \$25.00 per head.

.....
A.S.D.C. - "AT-HOME" --- 19TH MAY

I am going to attend the A.S.D.C. "at-home" on 19th May.

NAME:

ADDRESS:

.....

NAME OF ACCOMPANYING PERSON:

Please find enclosed my cheque for \$

CHEQUES SHOULD BE MADE PAYABLE TO AUSTRALIAN SOCIETY OF DENTISTRY FOR CHILDREN
AND FORWARDED TO DR. A. MIDDLETON, 122B SUTHERLAND RD., BEECROFT, NSW. 2119

THE AUSTRALIAN SOCIETY OF DENTISTRY FOR CHILDREN

**** : ****
BICENTENNIAL CONFERENCE

PRELIMINARY ANNOUNCEMENT

The Australian Society of Dentistry for Children will be holding its Bicentennial Conference in Brisbane on the 7th and 8th October, 1988 to coincide with World Expo '88.

The Scientific Programme promises to be most exciting, with Dr. Alan Brooks (London) as International Key Note Lecturer and Professor John Spencer from Adelaide to cover many aspects of Pedodontics.

Join Australia's Biggest Celebration. World Expo '88 offers visitors a once-in-a-lifetime experience. There will be something to intrigue and delight every member of the family who will be held spellbound in a world suspended between fantasy and reality.

If you require further information contact:

Kim Seow	Paul Killoran
President	Secretary
A.S.D.C. (Qld. Branch)	A.S.D.C. (Qld. Branch)
Dental School	50 Sumners Road
BRISBANE, Qld. 4000	SUMNER PARK, Qld. 4074

Tel: (07) 233.8044 Tel: (07) 376.1065

Mark off your calendar now for the 7th and 8th October, 1988.

The Conference Programme and Registration Brochure will be mailed to you shortly.

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BRANCH NEWS

VICTORIAN BRANCH:

The Branch held its first Dinner Meeting for 1988 on 25th February. Our guest speaker, Dr. Michael V. Morgan, B.D.Sc. (Otago), M.D.Sc. (Melb.), has recently returned from Hong Kong where he lectured in the Hong Kong Faculty of Dentistry. He is currently lecturing in the Department of Preventive and Community Dentistry in the Faculty of Dental Science, University of Melbourne.

Dr. Morgan presented a stimulating and informative lecture on the history of dentistry in Hong Kong, dental services now available and the teaching of public health in the Hong Kong Faculty of Dentistry.

The next Dinner Meeting will be held on 28th April, 1988 and will be addressed by Professor Louis Waller, Sir Leo Cussen Chair of Law, Monash University. His topic will be "INFORMED CONSENT".

The Branch has scheduled the following Dinner Meetings for 1988 at University House, University of Melbourne:-

July 14 Dr. Beverley Hookey
Recent Postgraduate in Children's Dentistry
"DENTAL MANAGEMENT OF THE CHILD WITH CANCER"

September 8 Dr. Hans Keur
Head of Radiology, Royal Dental Hospital of Melbourne
"WHAT MY OPG TELLS ME"

Preparations are underway to ensure that the Annual Convention Day to be held on 19th October in conjunction with the Australian Society of Endodontology (Victorian Branch) and addressed by Dr. Jens Andreasen will be a great success. Dr. Jens Andreasen, of Copenhagen, Denmark, will address us on "TRAUMATIC INJURIES TO THE TEETH".

The final meeting for the year and the Annual General Meeting will be held on 2nd December.

Leigh Pagonis

SOUTH AUSTRALIAN BRANCH:

The South Australian Branch had its first meeting for 1988 on Tuesday 16th February at the University of Adelaide Staff Club. The State President, Jeff Wright, outlined plans to increase membership and attendance at meetings, canvassing new graduates and S.A.D.S. dentists. Tentative plans for a Country Convention on 22nd and 23rd July, 1988 at Clarendon were discussed.

Our Guest Speaker was Dr. Neil Wigg, Director of Special Services, Child and Adolescent Family Health Service. Dr. Wigg had been involved in constructing an education programme on A.I.D.S. for adolescent school children. The basic premise was that a change in behaviour is only effected when that existing behaviour is perceived to be of risk. The Public Health Programme looked at those who would become sexually active in the next three years and attempted to change their knowledge level. The education format was determined by a group of teachers and C.A.F.H.S. medical personnel. Teams from this care group then taught 2-3 selected teachers from each high school. These teachers then took the programme back to their colleagues and the school. Control of the programme at the class room level was maintained with a tight curriculum and age specific (13, 14 years; 15 years; 16, 17, 18 years) material. The lessons allowed values clarification and practice with role play - "What can you say if?" Parent information evenings were held to ensure accurate information reached the community. The response from all groups, adolescents, parents and teachers has been good but evaluation of the programme is still needed to prove the format capable of causing a change in behaviour. The meeting concluded with a discussion on health prevention programmes in general.

Meredith Fantham

NEW SOUTH WALES BRANCH:

The first meeting of the Branch for this year is to be held at The Glenview Inn and Function Centre, St. Leonards on 22nd March and a report is not yet

available for publication. The Guest Speaker at the first meeting will be Dr. Ian Walters whose topic will be "BUILDING BETTER FACES - AN ORTHOPAEDIC APPROACH".

Judy Fenton

WEST AUSTRALIAN BRANCH:

The Branch is looking forward to an interesting programme in 1988. The first meeting was held on 28th March in conjunction with the newly formed Behavioural Science and Dentistry Group. The meeting was addressed by Perth Obstetrician and Gynaecologist, Dr. Harry Cohen, and Dentist, Dr. Jocelyn Doust, on the theme "The Medical and Dental Care of Pregnant Adolescents". Dr. Cohen is well known in Perth for his much publicised views on a range of social issues.

The second meeting will be held on 27th April and will take the form of practical demonstrations. Dr. Peter Jarman will demonstrate the method he uses in fabricating fixed space maintainers in the School Dental Service, whilst Dr. Peter Gregory will show his rubber dam technique for children.

The Branch will be conducting a two-day workshop in July at Margaret River. Margaret River is 270 kms. South of Perth in the heart of the new vineyard country (The Leeuwin Estate) is perhaps the best known). The topic for the workshop will be "COMMUNICATION AND BEHAVIOURAL PSYCHOLOGY". 21st September will see the third in the series of "Current Controversies". This year the area being examined will be the Preventive Dental Management of the Child Patient; once again this meeting will be conducted at the W.B. Macdonald Lecture Theatre at Princess Margaret Hospital for Children. The final meeting for the year will be the Annual Dinner in November.

Office Bearers for the coming year are:-

President: Dr. John Hands

Vice President: Dr. John Winters

Secretary: Dr. Alistair Devlin

Committee: Dr. Peter Gregory
Dr. Meredith Arcus

Alistair Devlin

QUEENSLAND BRANCH:

The Bi-monthly meeting of the Branch was held in the Owen Pearn Room, University of Queensland Dental School on 4th January, 1988. The Guest Speaker was Dr. C. Acton whose topic was "SOME CONDITIONS IN CHILDREN REQUIRING ORAL SURGICAL MANAGEMENT - AN OVERVIEW". Dr. Acton presented a most informative speech on surgical procedures in children. It was reinforced that management of Dento-Alveolar trauma is the responsibility of the general dental practitioners. Treatment planning should include a thorough debriding of the affected site, preservation of any bone attached to periosteum, manipulation of avulsed teeth by enamel only; splinting and checking for indications of damage which might lead to occlusal problems, e.g. sagittal split, condylar damage. It is important to

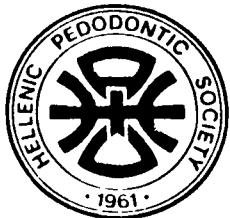
consider the child and not just the mouth - has the child had a tetanus shot for instance? Trauma should be followed up until post growth era.

Dr. Acton continued on to deliver a variety of case histories involving T.M.J. ankylosis in its various forms and surgical procedures involved such as costochondral grafts. In conclusion, Dr. Acton discussed the differential diagnosis of odontomes and the treatment of same.

The Queensland Branch Calendar for the remainder of the year includes:

6th June	Dr. G. Seymour "Periodontal Conditions in Children"
8th August	Dr. R. Auer "Cleft Palate Management in Children"
7, 8th October	A.S.D.C. BI-CENTENNIAL CONVENTION
5th December	Annual General Meeting.

A PRELIMINARY INVITATION
12TH CONGRESS
INTERNATIONAL ASSOCIATION OF
DENTISTRY FOR CHILDREN
ATHENS HILTON HOTEL
ATHENS - GREECE
JUNE 1-5 1989



SCIENTIFIC PROGRAMME

- Main Topics
 - Nutrition in relation to oral and general health
 - New Concepts in conservative dentistry
 - Orthodontics in dental plastic
- Guest Lecturers
- Free Papers
- Poster Sessions
- Table Clinics
- Video & Films

SOCIAL PROGRAMME

- Receptions
- Dinner Dance
- Tours of city
- Excursions
- * ACCOMPANYING PERSONS

SIMULTANEOUS TRANSLATION

In English, French, German, Japanese & Spanish
(if numbers warrant)

FEDERAL AND BRANCH SECRETARIES

FEDERAL: Dr. John Keys
149 Wickham Terrace, Brisbane, Qld. 4000
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TASMANIA: Dr. David Abbott
P.O. Box 178, Ulverstone, Tasmania 7315
Tel: (004) 25.2893

N.S.W.: Dr. Judy Fenton
Suite 11/6-8 Old Castle Hill Road, Castle Hill, 2154
Tel: (02) 634.4844

QUEENSLAND: Dr. Paul Killoran
50 Sumners Road, Sumner Park, Qld. 4074
Tel: (07) 376.1065

VICTORIA: Dr. Leigh Pagonis
23 Centre Way, Pinewood, Vic. 3150
Tel: (03) 232.2953

S.A.: Dr. Meredith Fantham
18 Phillip Avenue, Leabrook, S.A. 5068
Tel: (08) 261.1944

W.A.: Dr. Alistair Devlin
57 Burroughs Road, Karrinyup, W.A. 6018
Tel: (09) 341.6233

LONDON

...0000000...
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